Care Quality Commission

Colten Care Limited

Newstone House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 19 and 20 January 2015 and was unannounced. Newstone House provides accommodation and nursing and personal care for up to 59 older people, including people living with dementia. There were 53 people living there when we visited. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager and the head of care had knowledge of the Deprivation of Liberty Safeguards (DoLS). Staff understood DoLS and had made applications to apply it in practice for some people. Deprivation of liberty safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety. The registered manager had not made applications for other people whose liberty was being deprived in their best interest. They told us they were in the process of doing this.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems

Summary of findings

in place to protect people who could not make decisions. They followed guidance from senior staff to ensure the legal requirements outlined in the Mental Capacity Act 2005 were met.

Staff received training to carry out their roles. Staff understood their roles and responsibilities, as well as the values of the home. Staff had support, induction and supervision (one to one meetings with line managers). All staff spoke positively about the support they received from the registered manager and other senior staff. Some staff had not received refresher training to ensure they provided care in line with current guidance and good practice.The registered manager told us that appraisals had not taken place and they had identified they needed to be arranged with staff. Staff told us the registered manager and other senior staff were approachable and there was good communication within the home.

People and their relatives told us people felt safe living at Newstone House and were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected. People were safe living in the home because staff had identified risks and plans were in place to manage these.

People were cared for by staff who treated them with respect and knew how they liked to be cared for. Staff supported people well with their mobility and nutritional needs. People had access to health care to meet their needs and health professionals told us staff followed their recommendations. People received their medicines as they were prescribed and medicines were stored safely.

People and their relatives told us the registered manager and the staff team were approachable and they could talk to them if they had any concerns. We saw action was being taken to resolve people's concerns and complaints to their satisfaction.

Recruitment checks had been completed before permanent staff worked unsupervised at the home. There were enough staff to meet people's needs. The home had recently experienced regular occurrences of unplanned staff absences due to staff illness. There were systems in place to use bank staff who were familiar with the home and people's needs and management arrangements to resolve short notice staff absences. Some staff raised concerns about when unplanned absences took place but they told us the staff team worked together to ensure people's needs were met.

The registered manager and other senior staff monitored the quality of service people received. Action was taken when any changes required were identified to ensure people's needs were met.

The registered manager told us the home was part of a dementia care pilot to implement good practice. This was confirmed by the dementia care lead responsible for this pilot. The registered manager also used good practice around end of life care and they reviewed the care people received and after they passed away to reflect if all of their needs had been met along with their wishes.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was in relation to ensuring people's rights were upheld. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People received their medicines as prescribed and medicines were stored safely.

People felt safe living in the service. Staff were aware of how to support people to manage identified risks. Staff had knowledge on safeguarding and knew how to identify and raise safeguarding concerns. The registered manager acted on all safeguarding concerns to ensure people were protected.

There were enough staff to meet people's needs. There were arrangements in place for staffing levels in the home to be reviewed to ensure that any necessary staff changes were made.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not fully effective. Staff did not receive regular formal appraisals (meetings with a manager) to identify any additional learning needs but had received regular supervision. The majority of staff told us they felt supported and they received training to carry out their roles.

People's hydration and nutritional needs were being met.

People's legal and human rights were not being upheld because the processes had not always been followed.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion and their dignity was respected. Staff talked with people and involved them in activities. People praised all of the staff within the home and felt they were always treated with care and respect.

People were treated with respect by staff and were supported in a caring and patient way. Staff used people's preferred names and we saw staff being warm and affectionate. People responded to staff with smiles.

Is the service responsive?

Good

The service was responsive. People and their representatives were encouraged to make their views known about their care, treatment and support.

Relatives were involved in planning and reviewing their relative's care and treatment when the person could not do this for themselves.

People were given choice about activities, food and how they spent their day.

Staff responded to people's needs and senior staff ensured that all staff were aware of any changing needs.

Summary of findings

People and their representatives were listened to and their feedback acted upon. The registered manager and senior staff dealt with complaints and identified any necessary actions to ensure people's care needs were maintained.

Is the service well-led?

Good

The service was well-led. Staff were supported by the registered manager and other senior staff. There was open communication within the team and staff felt comfortable discussing any concerns with their manager.

There were effective systems in place to check on the quality of the care and if people's needs were being met. The registered manager listened to people's feedback to continuously improve the service.

Newstone House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2015 and was unannounced. The inspection team included two inspectors and a specialist advisor in nursing care for older people. We reviewed the information we held about the service, for example notifications and a local authority contract monitoring report. A notification is information about important events which the service us required to send us by law.

During our inspection we spoke with the registered manager, the deputy manager, head of care, the cook, three registered nurses, 10 care workers, and one activity coordinator. We spoke with four people who were using the service and three relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of eight people, three staff recruitment files, staff duty rosters, and 53 people's medicine administration records. We looked at other records relating to the management of the service. This included fire risk assessments and servicing certificates for the fire safety equipment and system. We undertook general observations in communal areas and during mealtimes.

During and after the inspection we spoke with four health professionals who provided us with information about how the service implemented recommendations they made to meet people's needs.

Good

Is the service safe?

Our findings

People and their relatives told us they felt people were safe living in the home. Staff were aware of how to keep people safe and how to report concerns. They had completed safeguarding training and were aware of the signs of abuse and their responsibility to record and report any concerns they may have.

Medicines were stored safely and records showed that people received their medicines when they needed them. We observed people being given their medicines and staff sought their permission before administering. Staff explained what medicines they were giving to people and made sure they had a drink of their choice. They waited whilst people took their medicines. People were not rushed and were offered reassurance if needed. Staff then signed the medicines administration record (MAR). Medicines were stored safely and people received their medicines as prescribed.

There were enough staff to meet people's needs. The registered manager had arrangements in place to review the staffing levels in the home and respond to unplanned staff absences. The majority of people and people's representatives told us they felt there were enough staff. One person said, "They attend to your needs. You ring the bell and they come." The care provided by staff was unhurried, there was a calm atmosphere, staff spent time talking with people and staff responded to people's needs promptly. One member of staff told us, "There are always staff in the lounge supporting people. There is good team work." However one person told us, "No. It would work better with one more staff (per shift)."

Three staff told us staffing levels had been increased by the registered manager after staff identified the need for additional staff. Three members of staff told us they now felt more staff were needed in the afternoon and they were planning to talk to the registered manager about it in their team meeting the week after the inspection. We raised this with the registered manager during our inspection who said they would continue to review staffing levels in the home. Following our inspection we spoke with a healthcare professional who told us a relative had raised a concern that staff were so busy meeting people's physical care needs they were not always able to meet people's mental health and wellbeing needs.

The home had recently experienced regular occurrences of unplanned staff absences due to staff illness. There were systems in place to use bank staff who were familiar with the home and people's needs and management arrangements to resolve short notice staff absences. Some staff raised concerns about when unplanned absences took place as they had less time to spend with people but they told us the staff team worked together to ensure people's needs were met. We looked at three weeks rotas for random weeks over the last three months. We saw there had been occurrences of sickness but permanent and bank staff had covered these shifts. We asked the registered manager to investigate concerns raised with us regarding staffing on a particular day. They told us there had been staffing difficulties that day due to three members of staff phoning in sick and arrangements had been made to cover these shifts which had left one person's shift uncovered. The registered manager told us care was provided safely to meet people's needs but there had been some delays to care being provided in the morning due to the sickness. The registered manager told us they were also able to request staff from neighbouring Colten Care services to respond to sickness.

There were staff employed in the home that had responsibility for catering, social activities maintenance, cleaning and the administration of the home. All of these staff were very clear about their roles and responsibilities. People were supported to take part in activities and staff spent time with people individually. The home was well maintained, clean throughout and food and drink was available throughout the day and night. Records relating to recruitment showed that the relevant checks had been completed before staff worked unsupervised at the home. These included employment references and checks made on the suitability of staff for roles working in health and social care.

Staff demonstrated their knowledge of supporting people at risk of developing pressure ulcers and managing other risks relating to people's mobility. Staff were aware of the identified risks for each person. We looked at two people's care plans that had an identified risk of developing a pressure ulcer. The plan of care to prevent ulcers developing included repositioning people, pressure relieving equipment and prescribed creams. Staff supported people as planned and used the appropriate

Good

Is the service safe?

moving and handling equipment. One person's relative told us the staff kept them involved with any concerns about managing risks such as pressure ulcers and they were aware of how this risk was being managed.

Staff took appropriate action following incidents to ensure people's safety. For example, the plan of care for someone who experienced frequent falls had been reviewed. For other people there was evidence of advice being sought from health professionals to ensure people's safety. One health care professional told us staff followed their recommendations and they had no concerns.

The building was maintained and regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe.

Requires Improvement

Is the service effective?

Our findings

The provider had not ensured that all people's rights were upheld. For example, some people in the home required restrictions to be in place to keep them safe. These restrictions had not been authorised by the local authority for all people where required in line with the Deprivation Of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. The home had been granted the right by the local authority to deprive eight people of their liberty to keep them safe and the provider was complying with the conditions of these authorisations. Staff were aware of the authorisations and the implications for these people's care and when these safeguards were to be reviewed. The provider kept up to date with changes in legislation to protect people but had not applied for authorisation for other people whose liberty was being deprived. The registered manager told us they were in the process of making DoLS applications for other people who lived in the service.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received regular support and supervision but they had not had an appraisal to identify their learning and development needs. The majority of staff told us they were supported by colleagues, nurses in charge and the senior staff in the home on a day to day basis if they had any concerns about how to meet someone's needs. One member of staff told us they had not received any formal training on supporting someone with a specific mental health condition and they did not feel supported. Staff attended staff meetings and handover meetings to ensure they understood how to meet people's needs. Staff demonstrated their knowledge of people's needs and were able to tell us about individual people's care needs and how they met them. Some staff had received a formal supervision to support them with their practice and identify areas of improvement. The registered manager told us the lack of regular appraisal had been recognised and had not taken place as the home had been waiting for the appointment of an additional head of care. This person had been in post for two months and this would be actioned.

Not all staff received training to ensure their practice was based on current guidelines. Training records showed the majority of staff had received training on areas of care such as supporting people to move safely, safeguarding people and infection prevention and control. However, the majority of staff had not received training on areas including dementia awareness, the Mental Capacity Act 2005 and DoLS. The registered manager sent us an action plan following our inspection that highlighted the training that had been booked for staff in February and March 2015 to address these gaps. The registered manager told us during the inspection that they had identified the need for staff to undertake training on managing distressed behaviours. Some staff had attended this training and future training had been booked for March 2015. New staff told us they had received induction training and worked alongside experienced staff prior to starting work unsupervised. Staff told us they had the opportunity to study for nationally recognised qualifications and attended refresher training. One member of staff told us, "The training is very good here."

Not all staff had received training on the Mental Capacity Act 2005 and not all were aware of the Act. However all staff were aware that some people lacked capacity to make specific decisions and told us they would speak to the nurse in charge for guidance. People, who did not have mental capacity to make specific decisions for themselves, had their legal rights protected. Best interest decisions involved people's representatives and health care professionals. For example, a best interest decision was made to support someone to maintain their relationship with their spouse. A 'best interest' decision is made about a specific issue and involves people who know the person and takes into consideration their previous views and beliefs.

People who required assistance to eat and drink received this support and staff were aware of their needs. This included people who required modified diets, thickened fluids and support to eat and drink. People had access to drinks within reach and we observed staff supporting people to drink and eat safely. People who were at risk of dehydration and malnutrition were monitored and people

Requires Improvement

Is the service effective?

at risk of poor nutrition had gained weight. One care worker told us, "Staff are good at supporting people with food and drink. People get food whenever they want, not just at mealtimes." The cook told us they were regularly updated about people at risk of poor nutrition. The cook had completed training in the dietary needs of older people. They said meals were fortified for people at risk of weight loss. We observed a care worker support someone with dementia, sensitively reminding them how to use their fork. The person continued to eat independently and looked like they enjoyed their meal.

People gave us positive feedback about the quality and choice of the food and were offered choice. One person told us, "that (the meal they had just eaten) was delicious". When the main meals were served some people changed their minds about their choice. Staff offered and quickly brought them alternatives without question and in a kind way. We observed people being offered food and drinks by hostess staff at regular intervals throughout the day and supported where necessary by staff.

People had access to health care professionals to meet specific needs. Records showed that people were seen by health care professionals in response to changing needs and management of existing conditions. One health care professional told us staff made appropriate referrals and they were confident that recommendations were followed through. We saw from people's records that changes in their health were discussed with health professionals. A health professional told us the staff were approachable, were always aware they were visiting and were helpful in sharing relevant information about the person's health. This meant there was effective communication with health professionals and the care staff team.

Good

Is the service caring?

Our findings

People were cared for by staff who treated them with kindness and compassion. People and their relatives told us the staff were kind, caring and compassionate. One person said, “It is extremely high quality care”. Another person told us, “They are all very good. They always ask if they can do anything else.” One person’s relative said, “We’re very happy with what goes on here. The whole experience has been a joy.” Staff told us they felt people were cared for well. One member of staff said, “People are looked after well.” Staff told us they were aware of people’s preferences for where they liked to spend their time and how they liked to be cared for. We observed how these preferences were respected.

We observed staff talking to people in a polite and respectful manner. Staff knew people’s needs and preferences and spent time talking with people in a friendly way. Staff showed compassion in how they supported people who were confused with their whereabouts. Staff offered reassurance and took time to talk with people. One member of staff told us, “People are looked after well.” Another member of staff told us how they supported people’s dignity by always listening to the person. Staff reassured people when supporting them to move using equipment and explained what they were doing. Staff were aware of what could cause distress for some people and supported them to feel reassured and cared for.

People’s privacy and dignity were respected. Some people chose to spend all or part of the day in their own room and this was respected by staff. People had been supported to personalise their bedrooms with their belongings, such as photographs and pictures, to help people to feel at home. Bedroom doors were always kept closed when people were being supported with personal care.

People and their relatives told us they were involved in making decisions about their own care. People’s representatives told us staff involved them in their relative’s care. One person’s relative told us the staff in the home had been very helpful in helping them choose the home and was very happy with how they were being cared for. They commented on particular staff as being particularly helpful and told us they were, “superb” and “excellent”. Another person’s relative also told us they felt involved in making decisions about their relative’s care. They told us it was so much better than where their relative had previously lived and they spoke to one of the lead nurses regularly about their care. They said the nurse was, “excellent.”

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them moving into the home. Care plans contained personalised information about people. The majority of care staff told us they did not have time to read people's care plans but were able to tell us how people liked to be supported and what was important to them. However staff told us they knew about people's needs from daily handovers and discussion about people's needs. New staff told us they learned what was important to people by observing how other staff supported them and being updated in daily handovers.

People and their representatives were able to raise concerns and complaints, they were responded to, and the outcomes of the complaint had been actioned. For example, we saw that concern about how someone could alert staff if they required assistance had been responded to and equipment had been put in place. For another person, their complaint about the time taken by staff to respond to their call bell had been analysed using data from the electronic call bell system and staff reminded to respond promptly. A senior member of staff had checked with the person a few weeks after the complaint and recorded that the person had said the situation had improved.

People and relatives told us they would be happy to raise any issues or complaints. One person told us they would speak to a senior member of staff if they had a complaint and they "would deal with it straight away" and "I can't think of anything to fault them in any way. I think how lucky I am."

There was a programme of activities that people took part in. We saw some people taking part in exercise classes, discussing current news within a social group and reading things of their own interest. We spoke with two staff who were employed by the home to support people with their social needs. They told us people and their representatives were asked what their interests were and care was provided to support them with this. We observed group activities taking place and staff spending time chatting with people. One member of staff told us they visited people in their rooms who were cared for in bed. People were supported to maintain relationships with their family and friends. Relatives told us they were welcomed into the home. One person's representative contacted us during the course of our inspection to raise their concern that the staff had not supported a person living with dementia well to go into the garden of the home.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff demonstrated an awareness of people's changing needs. We saw the majority of care plans and risk assessments had been reviewed and updated to ensure they reflected people's current needs. This meant that the nurses in charge and the head of care could advise staff how to meet people's changing needs. However we saw that two care plans had not been reviewed. The daily care records showed that care had been evaluated in practice and changed on a shift by shift basis. We highlighted these gaps in care records to the head of care during the first day of our inspection and they were attended to and updated by the second day of our inspection. People's representatives told us the staff involved them in the review of their relative's needs. Staff contacted people's representatives in response to people's changing needs. One person's representative told us, "They keep me informed. We talk about things (their relative's care) a lot."

Good

Is the service well-led?

Our findings

The service was well led. Staff were clear about their areas of responsibility and regular checks were carried out of the care provided.

Staff told us the registered manager was “approachable” and “they will listen”. Staff were aware of the whistleblowing policy and procedure and said they would feel confident to raise concerns to the registered manager. One member of staff told us, “They are a very good team to work for.” Another member of staff told us they felt supported by the manager and colleagues. They said, there is “good team work” and if they had any concerns they would “go to a nurse (in charge)”. The registered manager had responded to concerns from staff. One member of staff told us they had raised concerns about staffing levels in the home and this had been responded to and staffing had been increased. Another member of staff told us they were planning to raise concerns about staffing levels in the home with the registered manager. They told us they felt confident the registered manager would respond.

People and their representatives told us that the registered manager and senior staff were approachable. One health care professional told us the staff and the registered manager strived to get things right. Good communication between staff was evident from staff meeting records which showed that the same information was shared with staff at all levels of the home. We observed a staff meeting that took place with the lead person from each service function in the home, including the chef and social activity staff. Staff at the service were involved in a dementia care pilot to improve how they met people’s dementia care needs and supported people’s representatives. We were told a friends and relative’s support meeting was one outcome from this pilot. Staff used recognised good practice guidelines for end of life care to ensure people received the support and care they wanted and needed.

People and their representatives had the opportunity and were encouraged to get involved with the home. Regular meetings were held for people and their representatives. People were involved in meetings that looked at specific issues in the home, such as catering. We saw one outcome was to remind staff to offer fruit. Actions from meetings were noted and recorded. These actions were followed up by the registered manager and any necessary changes were made. For example, feedback about staffing levels at night had been highlighted and an additional member of staff had been allocated to the night shift.

The registered manager and other senior staff monitored the quality of service people received. This included monthly clinical audits, like infection control, call bell response times, falls analysis and weight checks for people at risk of poor nutrition. Recommendations were followed by actions, for example, care plan reviews for those at risk of falling. People who were at risk of poor nutrition were monitored and there were records of the discussions with their GP and the chef of the home. The quality assurance manager and operations manager also visited the home on a regular basis to assess the quality of the service and to identify improvements. An improvement plan had been produced and the registered manager was working on targets to improve practice, including staff training, care planning documentation and carrying out best interest decisions. We saw that action had been taken to progress improvements. For example, one of the registered nurses had undertaken further training on wound management.

Audits of accidents and incidents were carried out monthly to ensure people’s needs were being met. Where any issues had been highlighted an action plan had been put in place. For example, for one person who had sustained a fall, health checks had been carried out to identify the reason for these falls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who used services and others were not safeguarded against the risk of restraint that was unlawful. Regulation 13 (5)